

EXHIBIT B

Rice Insurance, LLC

1400 Broadway
Bellingham, WA, 98225

confidential
fax

To: **RPS---ISABELLE CHENTIL**
Fax Number: +1 (877) 7776329

From: **Jackie James**
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Business Phone: 360-734-1161
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Pages: 3
Date/Time: 5/21/2009 2:45:06 PM
Subject: TRANSFORM LLC

NEW LOSS



GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

5/21/2009

AGENCY Rice Insurance LLC 1400 Broadway P.O. Box 639 Bellingham WA 98227	PHONE (A/C, No, Ext): (360) 734-1161	NOTICE OF OCCURRENCE NOTICE OF CLAIM	DATE OF OCCURRENCE AND TIME 10/1/2008 12:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CLAIM 10/1/2008	PREVIOUSLY REPORTED YES <input type="checkbox"/> NO <input type="checkbox"/>
FAX (A/C, No): (360) 734-1173	E-MAIL ADDRESS: tim@riceinsurance.com	EFFECTIVE DATE 2/13/2008	EXPIRATION DATE 2/13/2009	<input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	POLICY TYPE	RETROACTIVE DATE
CODE:	SUB CODE:	COMPANY Indian Harbor Insurance Co	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
AGENCY CUSTOMER ID: 00020064		POLICY NUMBER ESG0022250		REFERENCE NUMBER		

INSURED		CONTACT		CONTACT INSURED		WHERE TO CONTACT	
NAME AND ADDRESS Transform LLC, DBA: Equilateral Holdings LLC 11857 Bay Ridge Rd. Burlington WA 98223-3613		SOC SEC # OR FEIN:		NAME AND ADDRESS BOO MARIS			
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)				
CELL PHONE (A/C, No)	E-MAIL ADDRESS	CELL PHONE (A/C, No)	E-MAIL ADDRESS				

OCCURRENCE		AUTHORITY CONTACTED	
LOCATION OF OCCURRENCE (Include city & state)	3770 SUNCADIA TRAIL CLE ELUM WA		
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary) INSURED DELIVERED 57 OR 58 BUILDING MODULES TO CLAIMANT AND THEY WERE ALL DEFECTIVE. THE CLAIMANT HAD TO REBUILD. THERE WERE SCREWS IN PIPES, ELECTRICAL PROBLEMS ETC.			

POLICY INFORMATION							
COVERAGE PART OR FORMS (Insert form #s and edition dates)							
GENERAL AGGREGATE 2,000,000	PROD/COMP OP AGG 2,000,000	PERS & ADV INJ 1,000,000	EACH OCCURRENCE 2,000,000	FIRE DAMAGE 100,000	MEDICAL EXPENSE 5,000	DEDUCTIBLE	PD BI
UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM OCC	SIR/DED

TYPE OF LIABILITY				TYPE OF PREMISES	
PREMISES: INSURED IS	OWNER	TENANT	OTHER:		
OWNER'S NAME & ADDRESS (If not insured)				OWNERS PHONE (A/C, No, Ext):	
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER:	TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)				MANUFACT PHONE (A/C, No, Ext):	
WHERE CAN PRODUCT BE SEEN?					
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)					

INJURED/PROPERTY DAMAGED					
NAME & ADDRESS (Injured/Owner)		MITTEL CORP 1111 CLEVELAND AVE STE 201 MT VERNON WA 98273		PHONE (A/C, No, Ext) 360-404-2050	
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext) 360-661-2237 CELL	
DESCRIBE INJURY			WHERE TAKEN	WHAT WAS INJURED DOING?	
FATALITY			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
DESCRIBE PROPERTY (Type, model, etc.) CONDOS					

WITNESSES			SIGNATURE OF PRODUCER	
NAME & ADDRESS			BUSINESS PHONE (A/C, No, Ext)	
			RESIDENCE PHONE (A/C, No)	
REMARKS ALSO CONTACT JEFF HANSELL 360-661-2120 JEFF@HM-HOMES.COM				
REPORTED BY BOO MARIS	REPORTED TO TIM DICKERSON	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.